

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

AODA Counselors

County Mental
Health
Coordinators

County Substance
Abuse
Coordinators

Master's Level
Psychotherapists

Outpatient Mental
Health/
Substance
Abuse Clinics

Psychiatrists

Psychologists

HMOs and Other
Managed Care
Programs

Maximum allowable fees increase for mental health or substance abuse outpatient services

Effective for dates of service on and after July 1, 2001, Wisconsin Medicaid is increasing its maximum allowable fees for mental health and substance abuse (alcohol and other drug abuse) outpatient services.

Mental health and substance abuse outpatient services rate increase

Wisconsin Act 16, the 2001-2003 biennial budget, authorized a rate increase in maximum allowable fees for Wisconsin Medicaid providers. The rate increases affect providers who provide mental health evaluations, psychotherapy, and substance abuse (alcohol and other drug abuse) services in outpatient settings.

This includes all of the following providers:

- Psychiatrists and Ph.D. psychologists in private practice.
- Private and county-owned mental health or substance abuse clinics (for services provided by psychiatrists, Ph.D. psychologists, Master's-level therapists, and alcohol and other drug abuse [AODA] counselors).

This policy is effective for dates of service on and after July 1, 2001.

Updated list of procedure codes and maximum allowable fee schedule attached

Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* is a list of procedure codes for mental health and substance abuse outpatient services. The list includes the procedure code, description, who may provide the service, any limitations, allowable diagnoses, allowable types of service, and allowable places of service.

Refer to Attachment 2 for an updated maximum allowable fee schedule. Providers may also obtain updated fee schedules from Wisconsin Medicaid. Fee schedules, provider handbooks, and *Updates* are located on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/. Refer to the All-Provider Handbook for ordering instructions.

Services included in the rate increase

The rate increases affect providers who provide mental health evaluations, psychotherapy, and substance abuse services in outpatient settings. The specific providers are listed earlier in this *Update*.

Refer to the service-specific handbooks for detailed billing information.

Automatic claims adjustments

Wisconsin Medicaid will automatically adjust claims if the amount billed exceeded the previous maximum allowable fee. Wisconsin Medicaid will not automatically adjust paid claims on which the billed amount was equal to or less than the previous maximum allowable fee.

Providers are reminded that:

- They are required to bill Wisconsin Medicaid their usual and customary charges.
- Wisconsin Medicaid will reimburse providers the lesser of either the billed amount or the maximum allowable fee.

Recipient copayments

For those services that require recipient copayments, the copayment amount for a particular service may change if the Medicaid maximum allowable fee for that service increases to the next highest copayment level.

Providers should verify that they are charging the correct copayment amount for each service. For most services, the following copayment chart applies:

Medicaid maximum allowable fee	Copayment
Up to \$10.00	\$0.50
From \$10.01 to \$25.00	\$1.00
From \$25.01 to \$50.00	\$2.00
Over \$50.00	\$3.00

For more detailed information about copayments (including copayment guidelines and exemptions) refer to the All-Provider Handbook and Attachment 2.

Managed care providers

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Mental health and substance abuse procedure codes

The rate increases affect providers who provide mental health evaluations, psychotherapy, and substance abuse (alcohol and other drug abuse) services in outpatient settings. This includes psychiatrists and Ph.D. psychologists in private practice, and private and county-owned mental health or substance abuse clinics (for services provided by psychiatrists, Ph.D. psychologists, Master's-level therapists, and alcohol and other drug abuse [AODA] counselors). The procedure codes billed by county-owned clinics are shaded; the procedure codes billed by psychiatrists and Ph.D. psychologists in private practice and private mental health or substance abuse clinics are not shaded. Not all providers may be reimbursed for all mental health or substance abuse services. To determine which certified providers may be reimbursed for a particular service, please consult the following charts:

Psychiatrists and Ph.D. psychologists in private practice and private mental health or substance abuse clinics

- Psychiatrists, physicians, physician assistants, nurse practitioners: Use type of service (TOS) "1" for all outpatient services.
- Psychologists, Ph.D.: Use TOS "9" for all outpatient services except substance abuse therapy. For substance abuse therapy, use TOS "1."
- Master's-level therapists: Use TOS "9" for all outpatient services except substance abuse therapy. For substance abuse therapy, use TOS "1." Master's-level therapists are Master's-level mental health professionals with 3,000 hours of supervised experience or are listed in an appropriate national registry as stated in HFS 61.96, Wis. Admin. Code. (This includes registered nurses with a Master's degree in psychiatric-mental health nursing or community mental health nursing from a graduate school of nursing accredited by the National League for Nursing.)
- Alcohol and other drug abuse counselors: For AODA counselors who are not one of the above, use TOS "1" for substance abuse therapy.

County-owned clinics

- Psychiatrists, physicians, physician assistants, nurse practitioners: Use TOS "1" for all outpatient services.
- Psychologists, Ph.D.: Use TOS "1" for all outpatient services.
- Master's-level therapists: Use TOS "1" for all outpatient services. Refer to the previous section for certification requirements for Master's-level therapists.
- Alcohol and other drug abuse counselors: Use TOS "1" for substance abuse therapy.

Psychiatry procedure codes

Psychiatric diagnostic or evaluative interview procedures

Procedure code	Description	Certified providers who may perform service	Limitations	Allowable ICD-9-CM diagnoses	Allowable place of service (POS)
90801	Psychiatric diagnostic interview examination (quantity of 1 = 1 hour)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Any additional hours beyond six hours of a combination of 90801 and 90802 in a two-year period accumulates toward the prior authorization (PA) threshold.**	All	0, 1*, 2, 3, 7, 8
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication (quantity of 1 = 1 hour)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Any additional hours beyond six hours of a combination of 90801 and 90802 in a two-year period accumulates toward the PA threshold.**	All	0, 1*, 2, 3, 7, 8
Procedure codes for county-owned clinics only					
W8931	Psychiatric evaluation – Ph.D.	Psychologist – Ph.D.	Any additional hours beyond six hours in a two-year period accumulates toward the PA threshold.**	All	0, 1, 2, 3, 7, 8
W8932	Psychiatric evaluation – Master's-level therapist	Master's-level therapist	Any additional hours beyond six hours in a two-year period accumulates toward the PA threshold.**	All	0, 2, 3, 7, 8
W8933	Psychiatric evaluation – Psychiatrist	Psychiatrist	Any additional hours beyond six hours in a two-year period accumulates toward the PA threshold.**	All	0, 1, 2, 3, 7, 8
W8987	Limitation – Exceeded Psychotherapy/substance abuse (AODA) diagnostic interview examination (quantity of 1 = 1 hour)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	All	0, 1*, 2, 3, 7, 8

* Place of service 1 is not allowable for Master's-level providers providing services in inpatient hospitals. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

** Diagnostic interview examinations beyond this limit must be billed under W8987, which accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.

Psychiatric therapeutic procedures: office or other outpatient facility — *insight oriented, behavior modifying and/or supportive psychotherapy*

Procedure code	Description	Certified providers who may perform service	Limitations	Allowable ICD-9-CM diagnoses	Allowable POS
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3

Psychiatric therapeutic procedures: office or other outpatient facility — *interactive psychotherapy* (Continued on next page)

Procedure code	Description	Certified providers who may perform service	Limitations	Allowable ICD-9-CM diagnoses	Allowable POS
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3

Psychiatric therapeutic procedures: office or other outpatient facility — *interactive psychotherapy* (Continued from previous page)

90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3

Psychiatric therapeutic procedures: inpatient hospital or residential care facility — *insight oriented, behavior modifying and/or supportive psychotherapy* (Continued on next page)

Wisconsin Medicaid covers "partial hospital" services under a separate benefit – Day Treatment/Day Hospital services (HFS 107.13 (4), Wis. Admin. Code).

Procedure code	Description	Certified providers who may perform service	Limitations	Allowable ICD-9-CM diagnoses	Allowable POS
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	1*, 7, 8
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	1*, 7, 8

* Place of service 1 is not allowable for Master's-level providers providing services in inpatient hospitals. Payment is included in the hospital's Medicaid DRG reimbursement.

Psychiatric therapeutic procedures: inpatient hospital or residential care facility — *interactive psychotherapy* (Continued from previous page)

See HFS 107.13, Wis. Admin. Code, for the Medicaid policy on partial hospital/day treatment services. Wisconsin Medicaid covers “partial hospital” services under a separate benefit — Day Treatment/Day Hospital services.

90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	1*, 7, 8
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	1*, 7, 8
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	1*, 7, 8
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	1*, 7, 8

Psychiatric therapeutic procedures: other psychotherapy (Continued on next page)

Procedure code	Description	Certified providers who may perform service	Limitations	Allowable ICD-9-CM diagnoses	Allowable POS
90845	Psychoanalysis (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
90846	Family psychotherapy (without the patient present) (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
90847	Family psychotherapy (conjoint psychotherapy) (with patient present) (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8

* Place of service 1 is not allowable for Master's-level providers providing services in inpatient hospitals. Payment is included in the hospital's Medicaid DRG reimbursement.

Psychiatric therapeutic procedures: other psychotherapy (Continued from previous page)

Procedure codes for county-owned clinics only					
W8927	Individual/Family psychotherapy – Ph.D.	Psychologist – Ph.D.	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1, 2, 3, 7, 8
W8928	Individual/Family psychotherapy – Master's-level therapist	Master's-level therapist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
W8930	Individual/Family psychotherapy – Psychiatrist	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1, 2, 3, 7, 8
90849	Multiple-family group psychotherapy (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 2, 3, 7, 8
90853	Group psychotherapy (other than of a multiple-family group) (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.		
90857	Interactive group psychotherapy (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required.	290-316	0, 2, 3, 7, 8
Procedure codes for county-owned clinics only					
W8934	Group psychotherapy – Ph.D.	Psychologist – Ph.D.	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 2, 3, 7, 8
W8935	Group psychotherapy – Master's-level therapist	Master's-level therapist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 2, 3, 7, 8
W8936	Group psychotherapy – Psychiatrist	Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 2, 3, 7, 8

Psychiatric therapeutic procedures: other psychiatric services or procedures (Continued on next page)

Procedure code	Description	Certified providers who may perform service	Limitations	Allowable ICD-9-CM diagnoses	Allowable POS
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (quantity of 1 = 15 minutes)	Master's-level Psychiatric Nurse Nurse Practitioner Physician Assistant Physician	Limited to 2 units per date of service (DOS) and 4 units per month.**	290-316	0, 2, 3, 7, 8
Procedure codes for county-owned clinics only					
W8937	Psychiatry medication management (Medication check) – Master's Level Psychiatric Nurse (quantity of 1 = 15 minutes)	Master's-level Psychiatric Nurse	Limited to 2 units per DOS and 4 units per month.**	290-316	0, 2, 3, 7, 8
W8938	Psychiatry medication management (Medication check) – Nurse Practitioners Physician Assistants, and Psychiatrists (quantity of 1 = 15 minutes)	Nurse Practitioner Physician Assistant Psychiatrist	Limited to 2 units per DOS and 4 units per month.**	290-316	0, 2, 3, 7, 8
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital [Amytal] interview) (quantity of 1 = 60 minutes)	Psychiatrist Psychologist – Ph.D.	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 2, 3, 7, 8

* Place of service 1 is not allowable for Master's-level providers providing services in inpatient hospitals. Payment is included in the hospital's Medicaid DRG reimbursement.

** This code is to be used by all providers only when greater than 90 minutes of individual psychotherapy is provided on one day. Bill the total time (quantity of 1 = 60 minutes). It is not to be used for group psychotherapy. Submit with documentation showing medical necessity.

Psychiatric therapeutic procedures: other psychiatric services or procedures (Continued from previous page)

90870	Electroconvulsive therapy (includes necessary monitoring); single seizure	Psychiatrist		290-316	0, 1, 2, 3
90871	Electroconvulsive therapy (includes necessary monitoring); multiple seizures, per day	Psychiatrist		290-316	0, 1, 2, 3
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
90880	Hypnotherapy (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316, except 305.1	0, 1*, 2, 3, 7, 8
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8
90899	Unlisted psychiatric service or procedure** and *** (quantity of 1 = 60 minutes)	Master's-level therapist Psychologist – Ph.D. Psychiatrist	Accumulates toward the 15-hour/\$500 calendar year threshold beyond which PA is required (except for inpatient hospital).	290-316	0, 1*, 2, 3, 7, 8

* Place of service 1 is not allowable for Master's-level providers providing services in inpatient hospitals. Payment is included in the hospital's Medicaid DRG reimbursement.

** This code is to be used by all providers only when greater than 90 minutes of individual psychotherapy is provided on one day. Bill the total time (quantity of 1 = 60 minutes). It is not to be used for group psychotherapy. Submit with documentation showing medical necessity.

*** Not payable in conjunction with 90804-90819, 90821-90824, 90826-90829, 90845, or 90875-90876 by the same provider on same DOS.

ATTACHMENT 2

Mental health and substance abuse services maximum allowable fees and copayment rates

The rate increases affect providers who provide mental health evaluations, psychotherapy, and substance abuse (alcohol and other drug abuse) services in outpatient settings. This includes psychiatrists and Ph.D. psychologists in private practice, and private and county-owned mental health or substance abuse clinics (for services provided by psychiatrists, Ph.D. psychologists, Master's-level therapists, and alcohol and other drug abuse [AODA] counselors). The procedure codes billed by county-owned clinics are shaded; the procedure codes billed by psychiatrists and Ph.D. psychologists in private practice and private mental health or substance abuse clinics are not shaded. Not all providers may be reimbursed for all mental health or substance abuse services. To determine which certified providers may be reimbursed for a particular service, please consult the following charts:

Psychiatrists and Ph.D. psychologists in private practice and private mental health or substance abuse clinics

- Psychiatrists, physicians, physician assistants, nurse practitioners: Use type of service (TOS) "1" for all outpatient services.
- Psychologists, Ph.D.: Use TOS "9" for all outpatient services except substance abuse therapy. For substance abuse therapy, use TOS "1."
- Master's-level therapists: Use TOS "9" for all outpatient services except substance abuse therapy. For substance abuse therapy, use TOS "1." Master's-level therapists are Master's-level mental health professionals with 3,000 hours of supervised experience or are listed in an appropriate national registry as stated in HFS 61.96, Wis. Admin. Code. (This includes registered nurses with a Master's degree in psychiatric-mental health nursing or community mental health nursing from a graduate school of nursing accredited by the National League for Nursing.)
- Alcohol and other drug abuse counselors: For AODA counselors who are not one of the above, use TOS "1" for substance abuse therapy.

County-owned clinics

- Psychiatrists, physicians, physician assistants, nurse practitioners: Use TOS "1" for all outpatient services.
- Psychologists, Ph.D.: Use TOS "1" for all outpatient services.
- Master's-level therapists: Use TOS "1" for all outpatient services. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for certification requirements for Master's-level therapists.
- Alcohol and other drug abuse counselors: Use TOS "1" for substance abuse therapy.

Psychiatry procedure codes

Psychiatric diagnostic or evaluative interview procedures

Procedure code	Description	Maximum allowable fees effective date July 1, 2001				Copayment effective date January 1, 2001	
		MD	Ph.D.	MS	Other	TOS 1	TOS 9
90801	Psychiatric diagnostic interview examination (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01		\$3.00	\$3.00 (Ph.D.) \$2.00 (MS)
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01		\$3.00	\$3.00 (Ph.D.) \$2.00 (MS)
Procedure codes for county-owned clinics only							
W8931	Psychiatric evaluation – Ph.D.		\$51.30			\$3.00	
W8932	Psychiatric evaluation – MS			\$47.01		\$2.00	
W8933	Psychiatric evaluation – MD	\$79.26				\$3.00	
W8987	Limitation – exceeded psychotherapy/substance abuse (AODA) diagnostic interview evaluation (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01		\$3.00	\$3.00 (Ph.D.) \$2.00 (MS)

Psychiatric therapeutic procedures: office or other outpatient facility — *insight oriented, behavior modifying and/or supportive psychotherapy*

Procedure code	Description	Maximum allowable fees effective date July 1, 2001				Copayment effective date January 1, 2001	
		MD	Ph.D.	MS	Other	TOS 1	TOS 9
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	\$39.63	\$25.65	\$23.51		\$2.00	\$1.00
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	\$39.63				\$2.00	
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	\$79.26				\$3.00	
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	\$118.89	\$76.95	\$70.52		\$3.00	\$3.00
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	\$118.89				\$3.00	

Psychiatric therapeutic procedures: office or other outpatient facility — *interactive psychotherapy* (Continued on next page)

90810	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	\$39.63	\$25.65	\$23.51		\$2.00	\$1.00
90811	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	\$39.63				\$2.00	

Psychiatric therapeutic procedures: office or other outpatient facility — *interactive psychotherapy* (Continued from previous page)

Procedure code	Description	Maximum allowable fees effective date July 1, 2001				Copayment effective date January 1, 2001	
		MD	Ph.D.	MS	Other	TOS 1	TOS 9
90812	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00
90813	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	\$79.26				\$3.00	
90814	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	\$118.89	\$76.95	\$70.52		\$3.00	\$3.00
90815	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	\$118.89				\$3.00	

Psychiatric therapeutic procedures: inpatient hospital or residential care facility — *insight oriented, behavior modifying and/or supportive psychotherapy* (Continued on next page)

Wisconsin Medicaid covers "partial hospital" services under a separate benefit — Day Treatment/Day Hospital services (HFS 107.13 (4), Wis. Admin. Code).

90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	\$39.63	\$25.65	\$23.51		\$2.00	\$1.00
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	\$39.63				\$2.00	
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00

Psychiatric therapeutic procedures: inpatient hospital or residential care facility — *insight oriented, behavior modifying and/or supportive psychotherapy* (Continued from previous page)

Wisconsin Medicaid covers "partial hospital" services under a separate benefit — Day Treatment/Day Hospital services (HFS 107.13 (4), Wis. Admin. Code).

Procedure code	Description	Maximum allowable fees effective date July 1, 2001				Copayment effective date January 1, 2001	
		MD	Ph.D.	MS	Other	TOS 1	TOS 9
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	\$79.26					
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	\$118.89	\$76.95	\$70.52		\$3.00	\$3.00
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	\$118.89				\$3.00	

Psychiatric therapeutic procedures: inpatient hospital or residential care facility — *interactive psychotherapy* (Continued on next page)

See HFS 107.13, Wis. Admin. Code, for the Medicaid policy on partial hospital/day treatment services. Wisconsin Medicaid covers "partial hospital" services under a separate benefit — Day Treatment/Day Hospital services.

90823	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	\$39.63	\$25.65	\$23.51		\$2.00	\$1.00
90824	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	\$39.63				\$2.00	
90826	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00
90827	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	\$79.26				\$3.00	

Psychiatric therapeutic procedures: inpatient hospital or residential care facility — *interactive psychotherapy* (Continued from previous page)

See HFS 107.13, Wis. Admin. Code, for the Medicaid policy on partial hospital/day treatment services. Wisconsin Medicaid covers "partial hospital" services under a separate benefit — Day Treatment/Day Hospital services.

Procedure code	Description	Maximum allowable fees effective date July 1, 2001				Copayment effective date January 1, 2001	
		MD	Ph.D.	MS	Other	TOS 1	TOS 9
90828	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	\$118.89	\$76.95	\$70.52		\$3.00	\$3.00
90829	Individual psychotherapy interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	\$118.89				\$3.00	

Psychiatric therapeutic procedures: other psychotherapy

90845	Psychoanalysis (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00
90846	Family psychotherapy (without the patient present) (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00
90847	Family psychotherapy (conjoint psychotherapy) (with the patient present) (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00

Procedure codes for county-owned clinics only

W8927	Individual/Family psychotherapy – Ph.D.		\$51.30			\$3.00	
W8928	Individual/Family psychotherapy – MS			\$47.01		\$2.00	
W8930	Individual/Family psychotherapy – MD	\$79.26				\$3.00	
90849	Multiple-family group psychotherapy (quantity of 1 = 60 minutes)	\$89.18 (per family)	\$58.30 (per family)	\$53.42 (per family)		\$3.00	\$3.00
90853	Group psychotherapy (other than of a multiple-family group) (quantity of 1 = 60 minutes)	\$20.01 (per person)	\$13.67 (per person)	\$11.14 (per person)		\$1.00	\$1.00
90857	Interactive group psychotherapy (quantity of 1 = 60 minutes)	\$20.01	\$13.67	\$11.14		\$1.00	\$1.00

Procedure codes for county-owned clinics only

W8934	Group psychotherapy – Ph.D. (quantity of 1 = 60 minutes)		\$13.67			\$1.00	
W8935	Group psychotherapy – MS (quantity of 1 = 60 minutes)			\$11.14		\$1.00	
W8936	Group psychotherapy – MD (quantity of 1 = 60 minutes)	\$20.01				\$1.00	

Psychiatric therapeutic procedures: other psychiatric services or procedures

Procedure code	Description	Maximum allowable fees effective date July 1, 2001				Copayment effective date January 1, 2001	
		MD	Ph.D.	MS	Other	TOS 1	TOS 9
90862	Pharmacologic management including prescription, use, and review of medication with no more than minimal medical psychotherapy (quantity of 1 = 15 minutes)	\$23.23		RN* \$13.78	Physician Asst. \$21.41		
Procedure codes for county-owned clinics only							
W8937	Psychiatry medication management (Medication check) – RN (quantity of 1 = 15 minutes)			RN* \$13.78			
W8938	Psychiatry medication management (Medication check) – MD (quantity of 1 = 15 minutes)	\$23.23					
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital [Amytal] interview) (quantity of 1 = 60 minutes)	\$79.26	\$51.30			\$3.00	\$3.00
90870	Electroconvulsive therapy (includes necessary monitoring); single seizure	\$131.36				\$3.00	
90871	Electroconvulsive therapy (includes necessary monitoring); multiple seizures, per day	\$131.36				\$3.00	
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	\$39.63	\$25.65	\$23.51		\$2.00	\$1.00
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00
90880	Hypnotherapy (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01		\$3.00	\$2.00
90899	Unlisted psychiatric service or procedure (quantity of 1 = 60 minutes)	Individually Considered	Individually Considered	Individually Considered		\$3.00	\$3.00

* Registered nurses with a Master's degree in either of the following: psychiatric-mental health nursing or community mental health nursing from a graduate school of nursing accredited by the National League of Nursing.

Substance abuse treatment procedure codes

Substance abuse therapeutic procedures

Procedure code	Description	Maximum allowable fees effective date July 1, 2001				Copayment effective date January 1, 2001	
		MD	Ph.D.	MS	Other	TOS 1	TOS 9
W8968	Individual substance abuse (AODA) therapy (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01	AODA Counselor \$31.61	\$2.00	
W8969	Group substance abuse (AODA) therapy (quantity of 1 = 60 minutes)	\$20.01 (per person)	\$13.67 (per person)	\$11.14 (per person)	AODA Counselor \$8.36 (per person)	\$0.50	
W8970	Family substance abuse (AODA) therapy (quantity of 1 = 60 minutes)	\$79.26	\$51.30	\$47.01	AODA Counselor \$31.61	\$2.00	
Procedure codes for county-owned clinics							
W8972	Individual/Family AODA – Ph.D.		\$51.30			\$3.00	
W8973	Individual/Family AODA – MS			\$47.01		\$2.00	
W8974	Individual/Family AODA – MD	\$79.26				\$3.00	
W8975	Individual/Family AODA – Other				AODA Counselor \$31.61	\$2.00	
W8976	Group AODA – Ph.D.		\$13.67			\$1.00	
W8977	Group AODA – MS			\$11.14		\$1.00	
W8978	Group AODA – MD	\$20.01				\$1.00	
W8979	Group AODA – Other				AODA Counselor \$8.36	\$0.50	